

Name  
In  
Full

William T Blaney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>The Roepke</u> Town		<u>Harpers</u> County		MARYLAND	
Date of death <u>1906 Nov</u>	Month	Day <u>7</u>	Years <u>58</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>The Roepke Ind.</u>			
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>The Roepke</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary T. Blaney</u>	Father's Birthplace <u>The Roepke</u>			
Father's Name <u>Mr Blaney</u>	Mother's Birthplace <u>The Roepke</u>				Mother's Maiden Name <u>Julia A. Stros</u>
Name of person giving information <u>Mary T. Blaney</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

Primary

Pneumonia

93

How long

one week

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

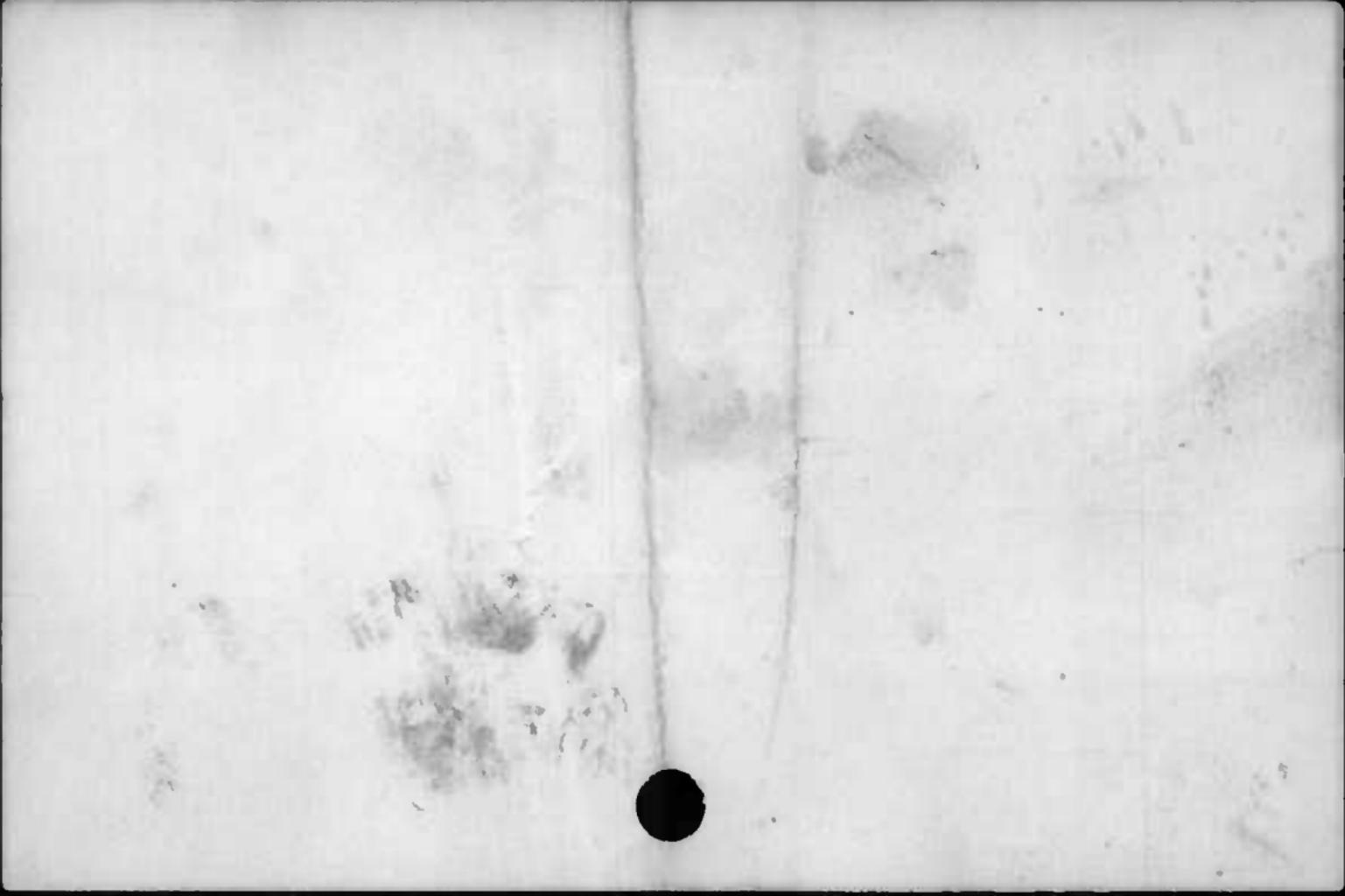
Yes

Address

G.W. Famous  
Stark Rd.  
Ind.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
In  
Full

Lillian Nola Bond

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1904	Month Nov	Day 10	Years 3 Months	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	Fuddstone	
Occupation				Where Residing If not at place of death	—	
Married Single or Widowed				X		
Father's Name	Edward Bond			Father's Birthplace	Harford Co Md	
Mother's Maiden Name	Oliver Brown			Mother's Birthplace	Harford Co Md	
Name of person giving information	Charles Bagley M.D.			How related to deceased	X	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Whooping Cough

How long

2 weeks

immediate

Pneumonia

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

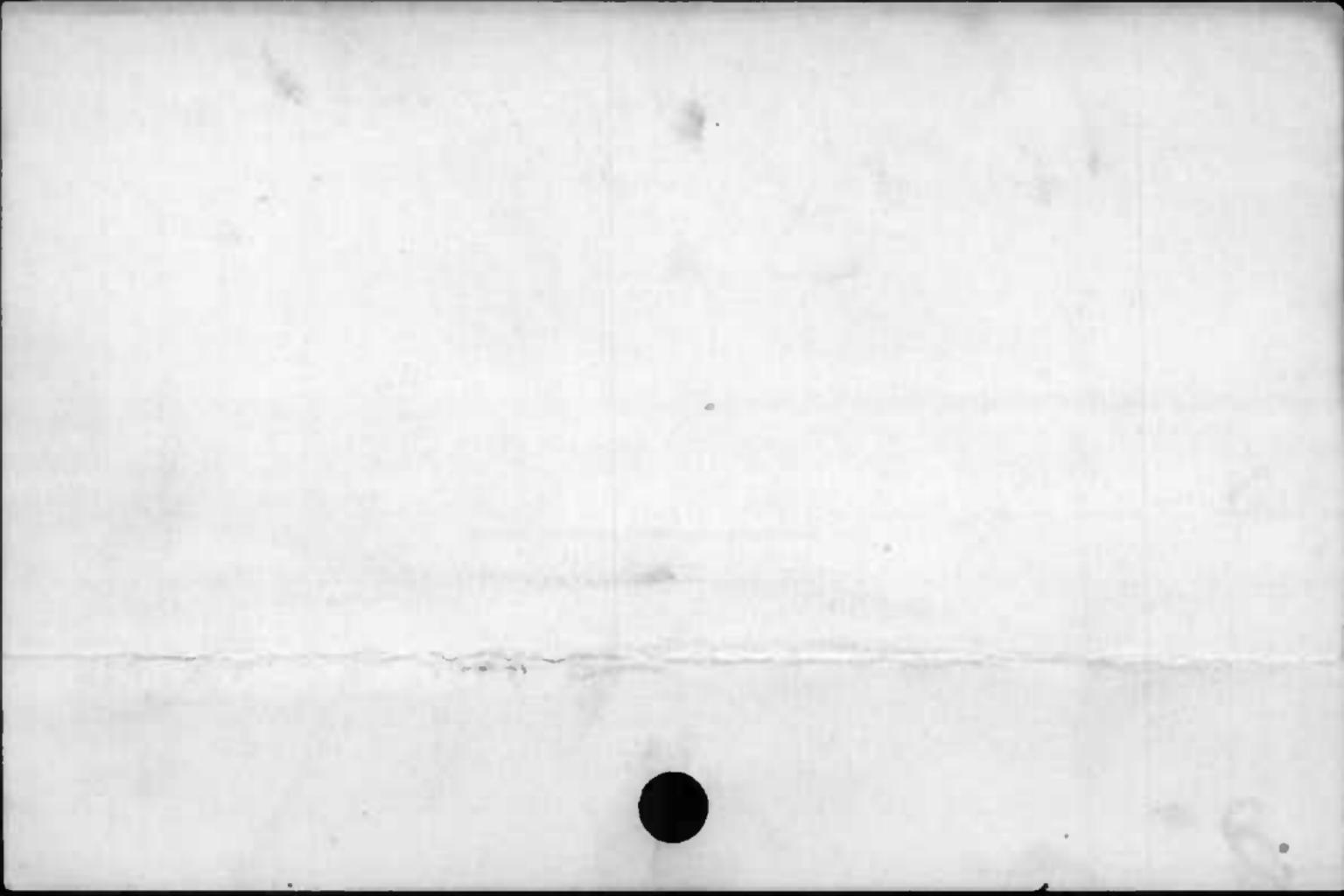
Address

Charles Bagley M.D.  
Bagley M.D.

Accident or Suicide?

X

8



Name  
in  
Full

William Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>near Care a M.</u> Town <u>Harpers</u> County <u>MARYLAND</u>						
Date of death <u>1906</u> Month <u>Nov</u> Day <u>11</u> Age <u>Years</u>			Months	Days		
Sex <u>Male</u> Color or Race <u>white</u>			Birth-place			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>York Co Pa</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u></u>	Sechist		Father's Birthplace <u>Maryland</u>		
Father's Name <u>John Davis</u>			Mother's Birthplace <u>Penna.</u>			
Mother's Maiden Name <u>Brown</u>			How related to deceased			
Name of person giving information						

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Fall down Stairs How long ~  
Immediate Fall down Stairs How long ~

Are the name, age, sex, color, date and place correctly given above?

Yes. Signature of Physician

Address

Willie Hawkin, MD  
Farm Group Pa

Accident or Suicide? Accident



Name  
in  
Full

Sara E. Day

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1906	Month Nov.	Day 8	Years 84	Months Days
Sex female	Color or Race white	Birth-place Maryland		
Occupation	Where Residing If not at place of death Emmorton			
Married, Single or Widowed	Name of Wife or Husband Luther L. Day	Father's Birthplace	Maryland	
Father's Name	John D. Clayton	Mother's Birthplace	Maryland	
Mother's Maiden Name	De Mairis	How related to deceased	wid sole	
Name of person giving information	J. H. Everett	(54)		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senile debility

How long

Immediate

—

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Ethel Richardson  
Bel Air, Md.

Accident or Suicide?

On mountain



Name  
in  
Full

Etta V. Eyer

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Died at New Abundun		County	Havre de Grace		MARYLAND
Date of death	1906	Month Nov	Day 6	Age 2	Years	Months 10
Sex	Female	Color or Race	White		Birth- place	Baltimore.
Occupation	None	Where Residing if not at place of death				—
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name						Father's Birthplace
Mother's Maiden Name	Katie Manning					Mother's Birthplace
Name of person giving Information	Joseph Eyer					How related to deceased

CAUSES OF DEATH

Primary

Bronchial Cramp (99)

How long

six days -

Immediate

Exhaustion

How long

—

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. H. Knott  
Abundun Md

9

Accident or Suicide?

June -  
Mon 8

Name  
in  
Full

Elizabeth - Gilbert

CERTIFICATE OF DEATH

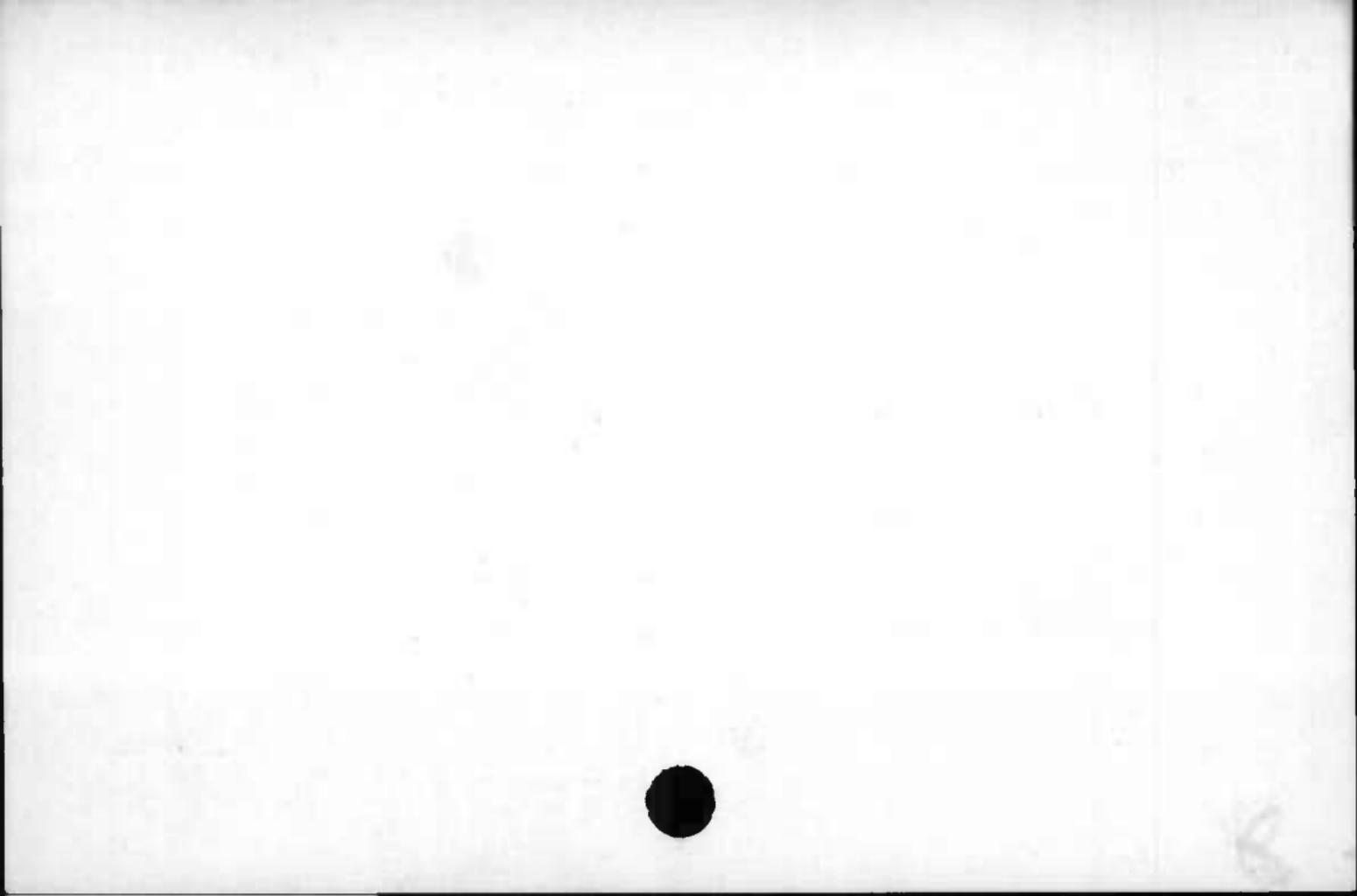
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month 11	Day 11	Years 95-	Months 8	Days 26	
Sex	Female	Color or Race	White		Birth- place	Harford br	
Occupation			Where Residing if not at place of death		Creswell Harford br		
Married, Single or Widowed	Widowed		Name of Wife or Husband	James Gilbert			
Father's Name	Anna Gilbert				Father's Birthplace	Ind.	
Mother's Maiden Name	Sarah Bailey				Mother's Birthplace		
Name of person giving Information	Mollie Gilbert		(M9)		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dyspnoea from heart		How long	2 yrs
Immediate	Bronchitis		How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F.P. Lanthorn	
		Address	Front 1st St	
Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

James Yanner

Town  
County

CERTIFICATE OF DEATH

MARYLAND

Died at	Town		County			
Vladonna	Stafford					
Date of death 1906	Month 11	Day 30	Age 74	Years	Months 7	Days 0
Sex Male	Color or Race White		Occupation Farmer		Birth-place Madonna	
Married, Single or Widowed Married						
Name of Wife or Husband Mollie Whiteface						
Father's Name Eli Yanner					Father's Birthplace	
Mother's Maiden Name Nellie Beale					Mother's Birthplace	
Name of person giving Information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Apoplesy

64

How long

24 sec

Immediate

Are the name, age, sex, color, date and place correctly given above?

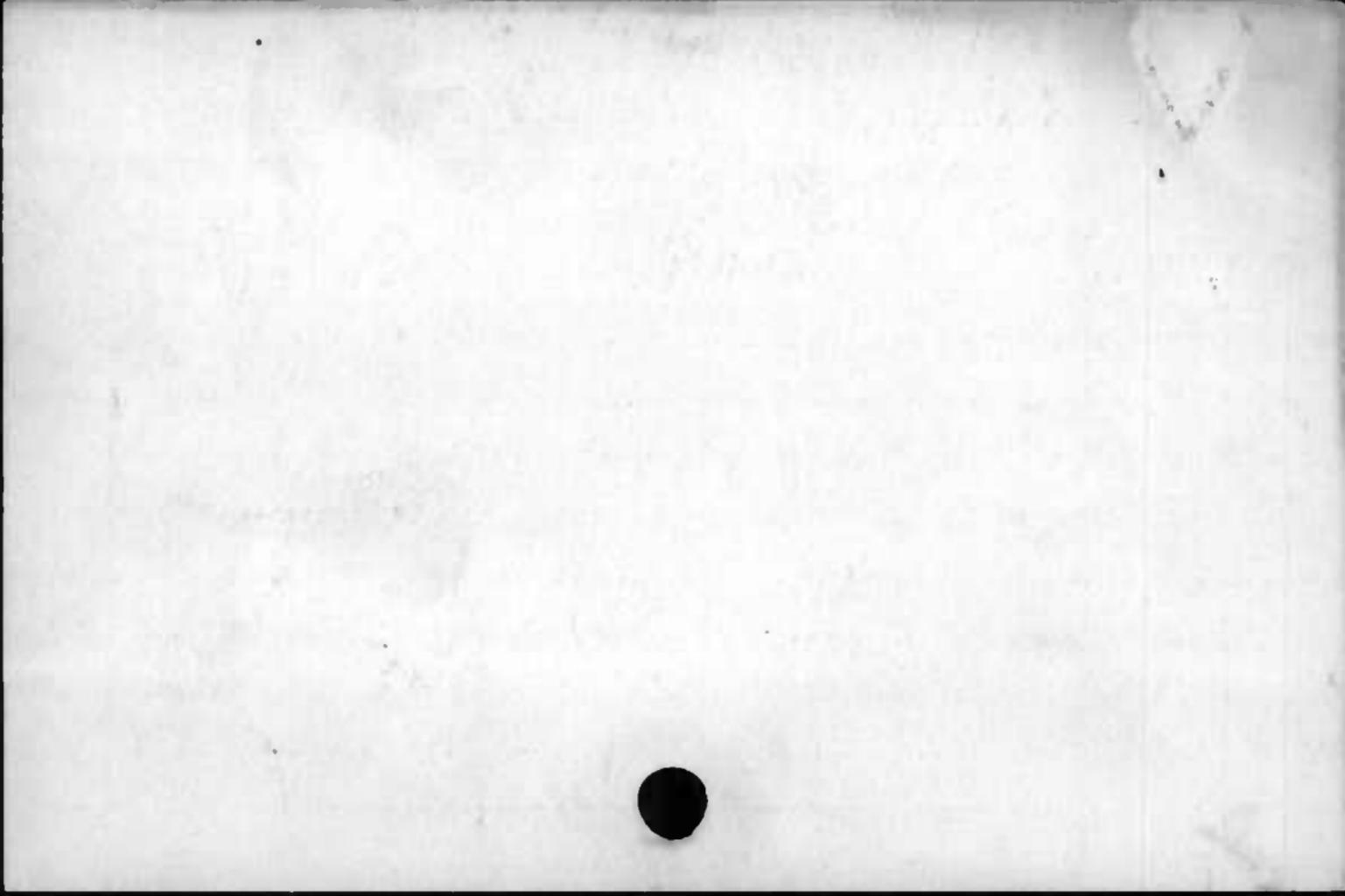
Signature of Physician

Address

J. Y. Yanner  
White Hall  
Md.

J

Accident or Suicide?



Name  
in  
Full

George W Hamilton

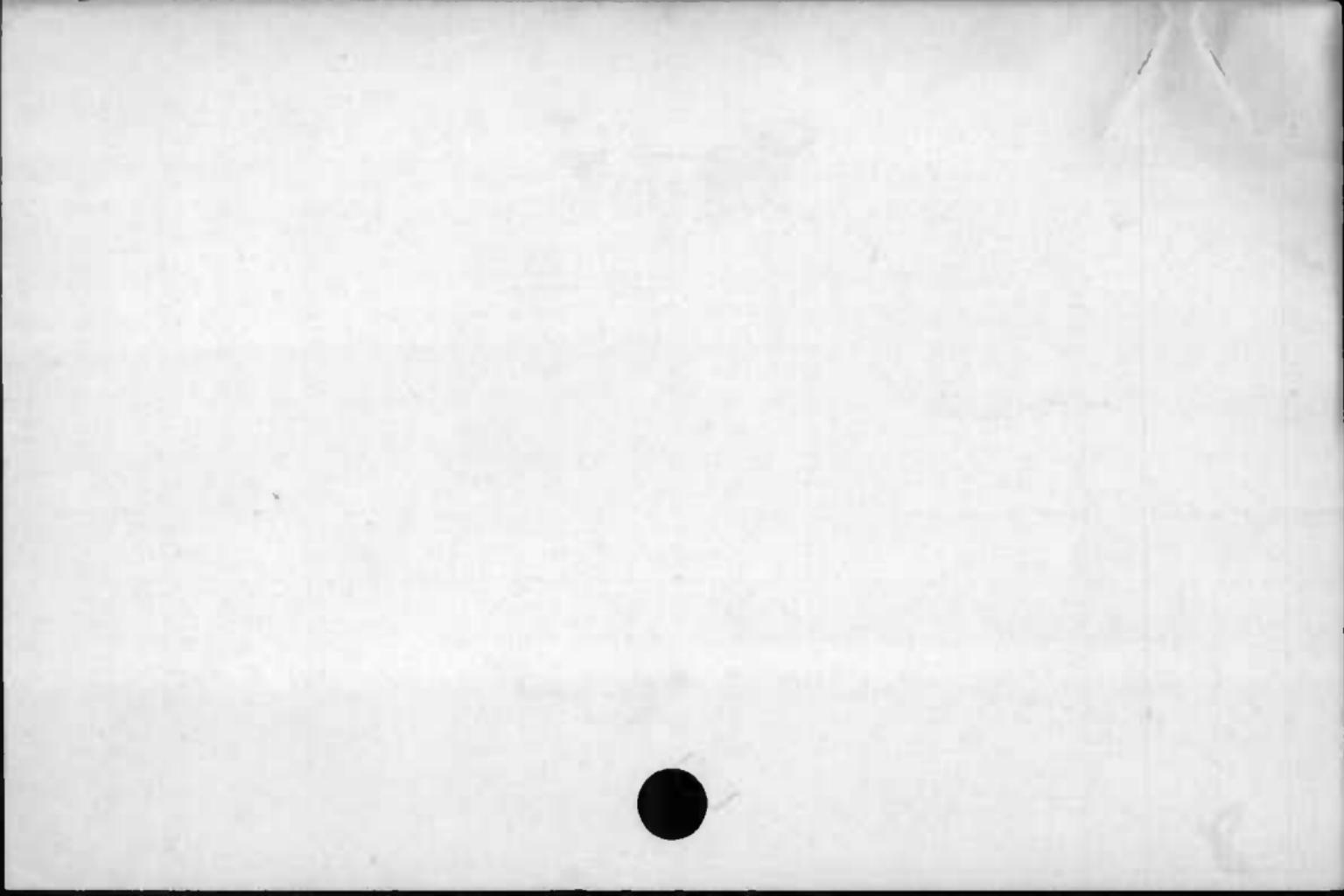
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Garrison	Hartford			
Date of death	Month	Day	Age	Years	Months Days
1906	Nov	24	2		7
Sex	Color or Race	Birth-place			
Female	white -	Ned			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Same			
Father's Name	Wm Hamilton	Father's Birthplace	Ned		
Mother's Maiden Name	Hattie Thompson	Mother's Birthplace	Ned		
Name of person giving information	Wm Hamilton	How related to deceased	Father		

CAUSES OF DEATH

Primary	Chronic catarrhal enteritis	How long	2 or 3 weeks
Immediate	Exhaustion	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. L. Hopkins
		Address	1400 N. E. Grace
			Ned
Accident or Suicide?			



Name  
in  
Full

George William Hamilby

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	11	24	2	7	20
Sex	male	Color or Race	White	Birth-place	Maryland
Occupation	Child	Where Residing if not at place of death			—
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	William A. Hamilby			Father's Birthplace	Maryland
Mother's Maiden Name	Hattie M. Thompson			Mother's Birthplace	Maryland
Name of person giving information	J.W. Hamilby			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

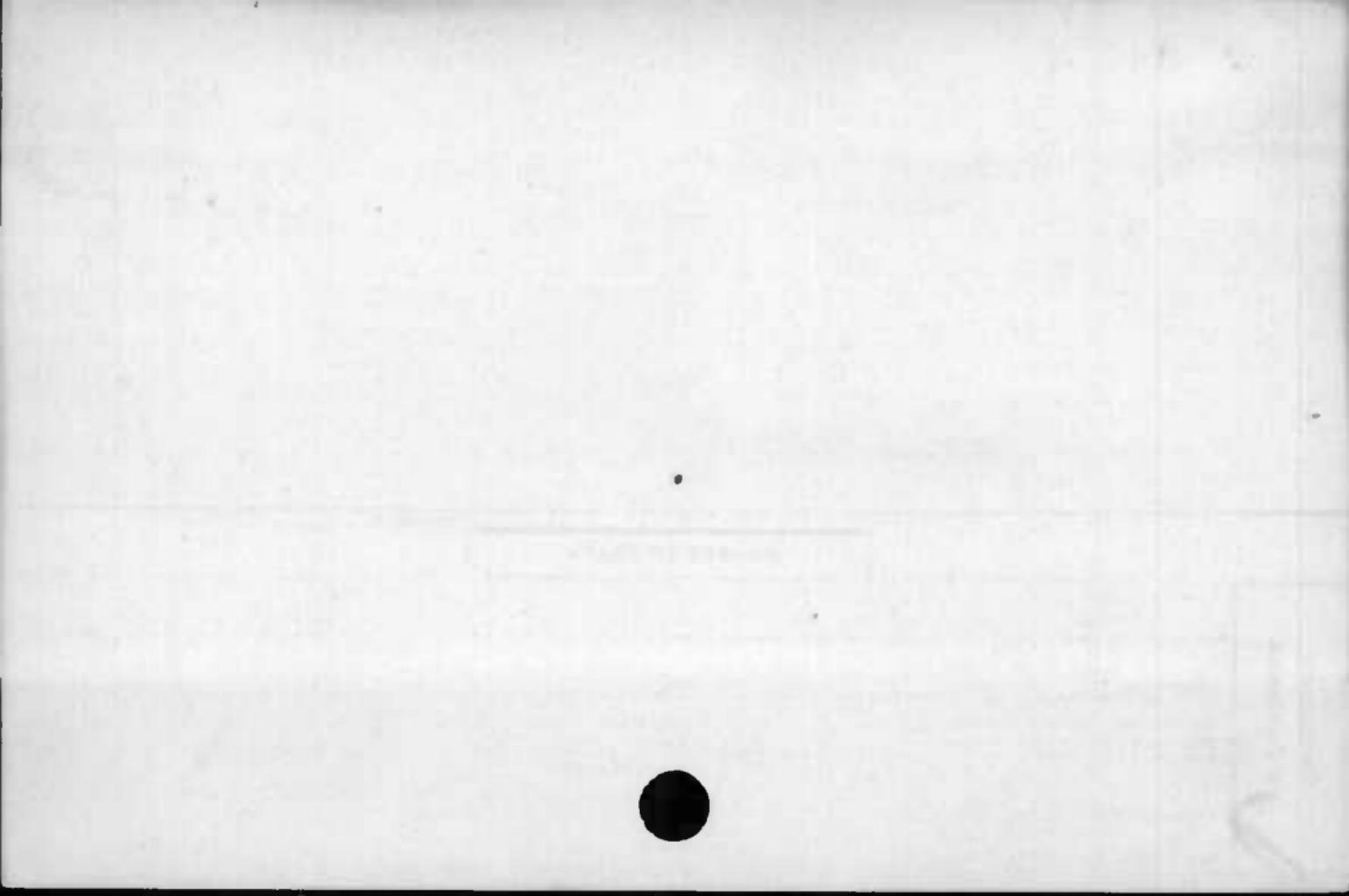
Primary	Cocaine		
Immediate	Pneumonia		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	How long
		Dr. B. Kirk MD.	1 week
		Address	
Accident or Suicide?	Harpers Ferry, Maryland.		

93

1 week

1 week

Library Bureau 405518



Name  
in  
Full

Jannie Hines

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1906	11	23	73	
Sex	Color & Race	Birth-place		
Male	Black	Gard.		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name or Wife or Husband			
Married	Mary Hines			
Father's Name	Father's Birthplace			
Devil Hines				
Mother's Maiden Name	Mother's Birthplace			
"				
Name of person giving Information	How related to deceased			
"D. B. D. J. P."				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

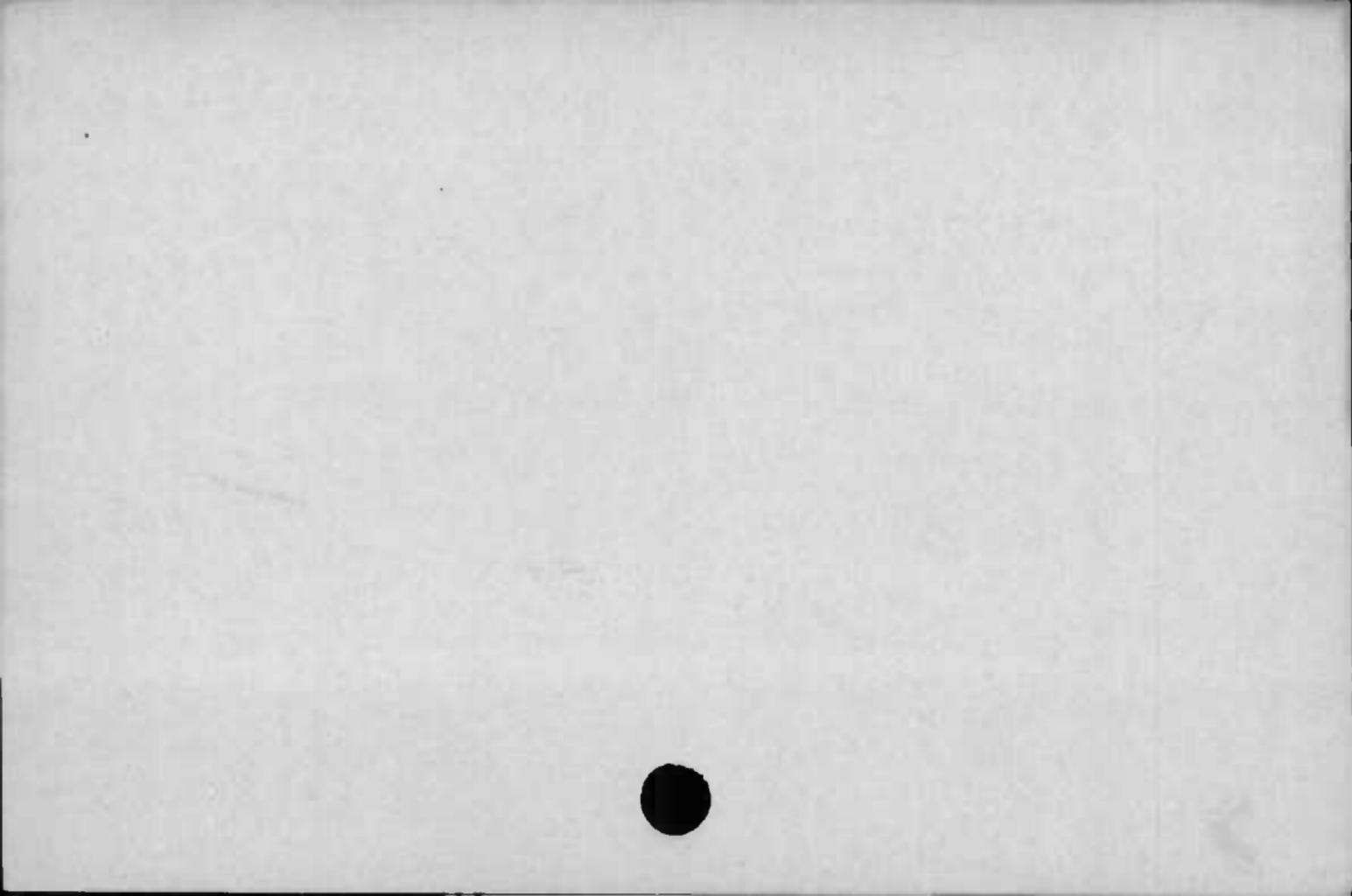
Immediate How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?



Name

in  
Full

Geo. W. Lutz

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died et Date of death	Town	County	MARYLAND
1906 Nov.	Benson	Harford Co.	
Month	Day	Years	Months Days
21 <sup>st</sup>		Age 36	
Sex	Male	Color or Race	Birth-place
Occupation	Laborer	Where Residing if not et place of death	Balto City
Married Single or Widowed	Name of Wife or Husband		Benson
Father's Name	Otto Lutz	Father's Birthplace	Germany
Mother's Maiden Name	Sarah J. Halfpenny	Mother's Birthplace	Balto City
Name of person giving information	Otto Lutz	How related to deceased	Father

## CAUSES OF DEATH

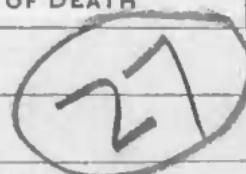
PHYSICIAN  
OR CORONER

Primary

Leucosyphilis

How long

2 yr



Immediate

Exhaustion

How long

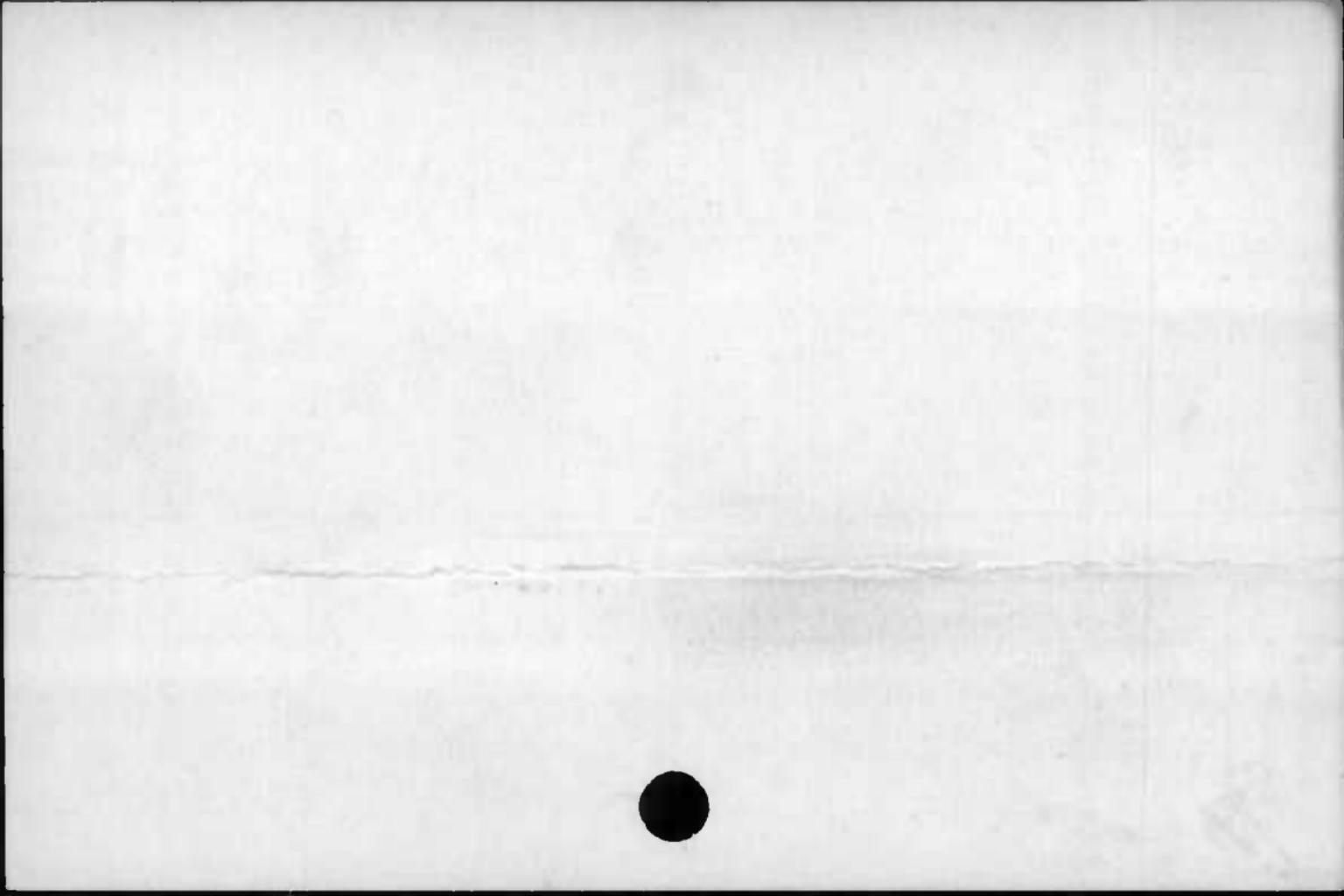
1 week

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Charles Bagley  
Bagley, M.D.

Accident or Suicide?



Name  
in  
Full

Martha Retina Lyons

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Pylesville

County  
Harford

MARYLAND

Date  
of death

1906 Nov

Month

28 Day

Age 81 Years

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Baltimore

Occupation

wife

Where Residing if not  
at place of death

Pylesville

Name - Single  
or Widowed

Name of Wife or  
Husband

Jacob Dugow

Father's  
Name

David Miller

Father's  
Birthplace

Lancaster

Mother's  
Maiden Name

Mary Susan Miller

Mother's  
Birthplace

Lancaster

Name of person giving  
Information

Mrs Myer

How related  
to deceased

Sister

CAUSES OF DEATH

Primary

Enlargement of Heart

⑨

How long

2 yr

Immediate

Heart Failure

How long

2 Days.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

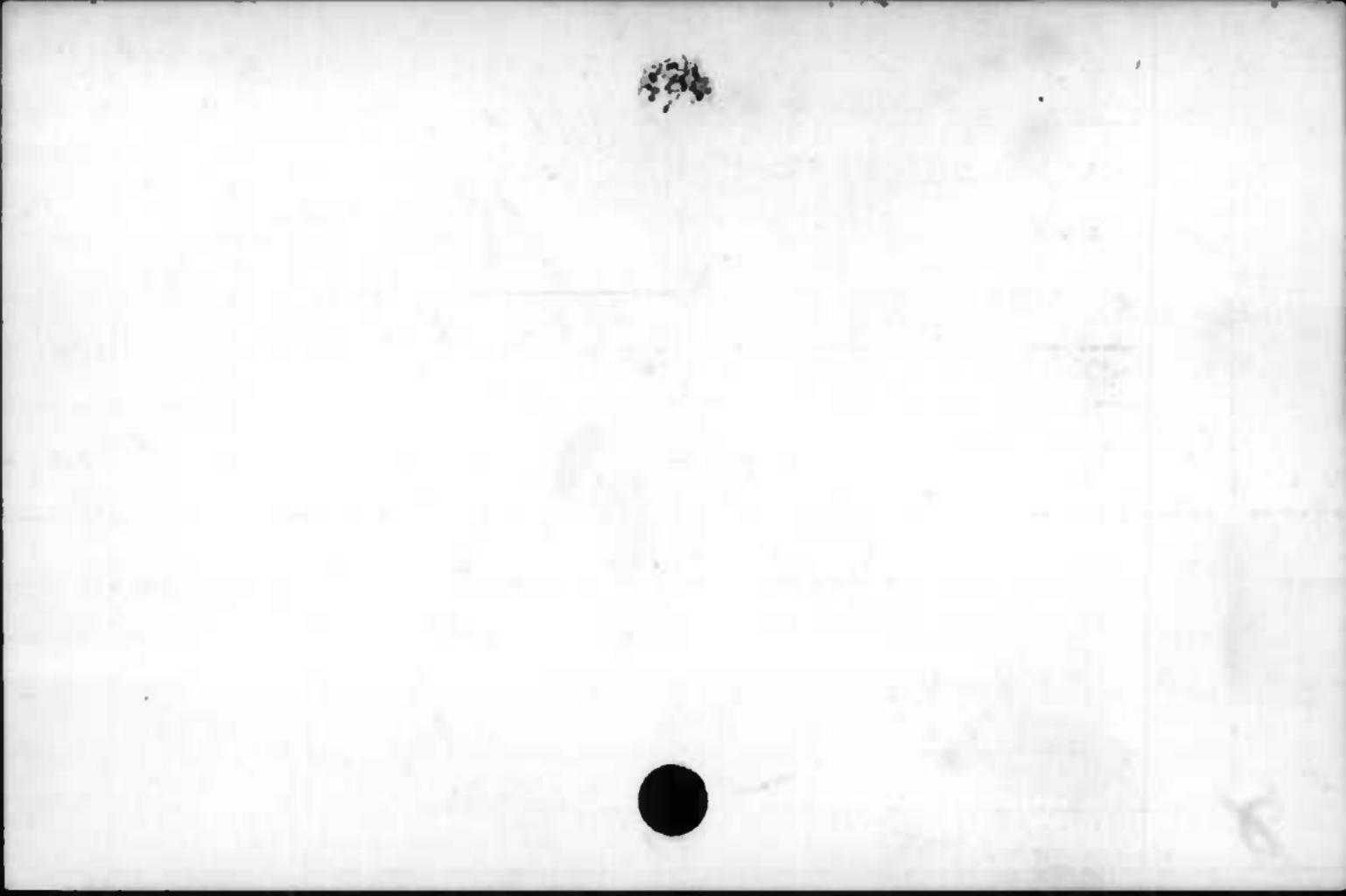
R. Warren Ramsay

Address

Delta York Rd Pa

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906 Nov	21		Age 85.
Sex	Female	Color or Race	White
Occupation	Housewife		
Married, Single or Widowed	Where Residing If not at place of death		
Father's Name	John McEvay		
Mother's Maiden Name	William Montooth		
Name of person giving information	Sallie McEvay		
	Fallston Pa		
	Father's Birthplace Pa		
	Mother's Birthplace Pa		
	How related to deceased Daughter law		

## CAUSES OF DEATH

Primary

(54)

How long

2 to 3 days

Immediate

General Debility

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

X. F. G. Walker Undertaker

Address

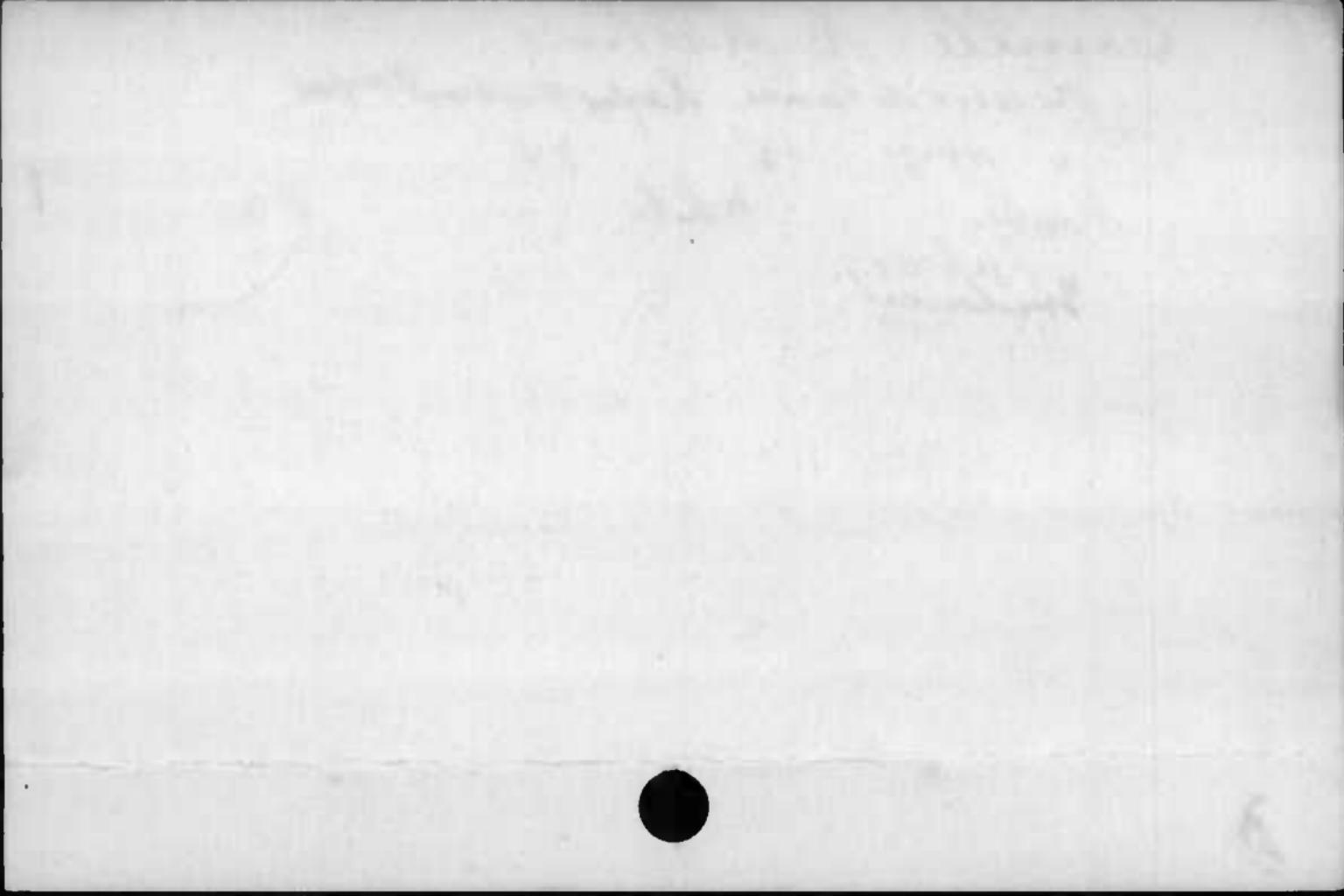
Pleasantville Md.

(No Dr in attendance)

PHYSICIAN  
OR CORONER

D

Accident or Suicide?



Name  
in  
Full

Garrison H Maslin

CERTIFICATE OF DEATH

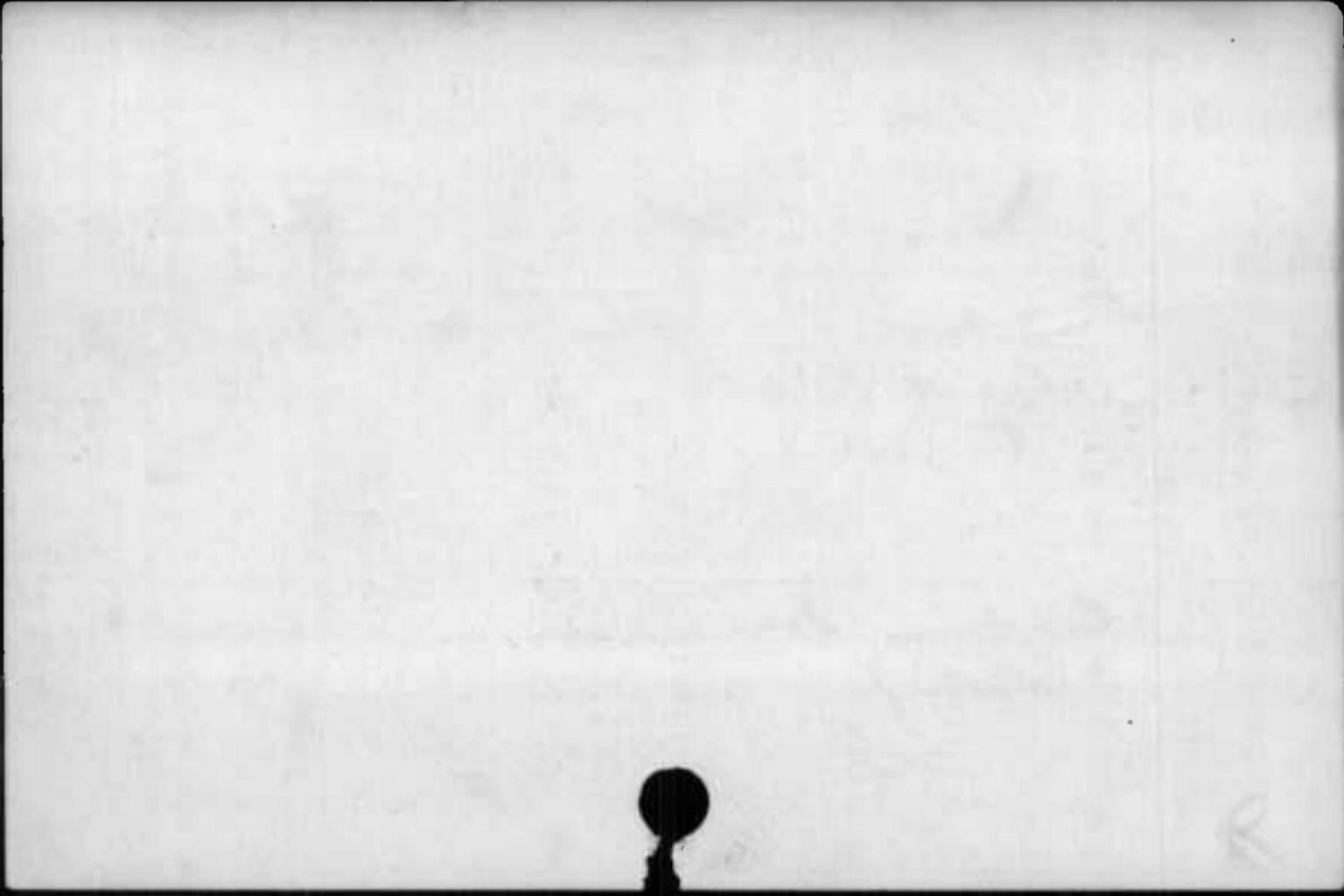
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Md.	
Married, Single or Widowed	Name of Wife or Husband	alice Maslin			
Father's Name	Joseph Maslin			Father's Birthplace	Kent Co. Md.
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	J. W. Maslin			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright's Disease	(W)	How long	about 1 yr
Immediate	Pneumonia		How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. H. Smith	
		Address	Ward Grace	
Accident or Suicide?			Md	



Name  
in  
Full

Martha M. Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		MARYLAND		
Died at <u>Toppa</u>	Starford				
Date of death <u>1906</u>	Month <u>Nov.</u>	Day <u>22</u>	Age <u>68</u>	Years	Months —
Sex <u>Female</u>	Color or Race	<u>White</u>		Birth- place	<u>Salisbury Md</u>
Occupation <u>Housewife</u>	Where Residing if not at place of death			<u>Where died</u>	
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband	<u>Marie W. M. Miller</u>			
Father's Name	<u>Chas A Rigby</u>			Father's Birthplace	<u>Salisbury Md</u>
Mother's Maiden Name	<u>Elizabeth A Rigby</u>			Mother's Birthplace	" "
Name of person giving Information	<u>Daughter</u>			How related to deceased	

## CAUSES OF DEATH

Primary	<u>Corditis due in a</u>	( <u>19</u> )	How long	<u>Several years</u>
Immediate	<u>Exhaustion from attack of bronchitis</u>		How long	<u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>N. H. S. Keyser</u>	
<u>Yes</u>		Address	<u>Front Street</u>	
Accident or Suicide? <u>No</u>			<u>Md</u>	

15.21

Name  
in  
Full

Infant Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Town	Harford	County		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	70	no	5
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Name of Person giving Information				
Mother's Maiden Name	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Congenital & Takectasis How long

Immediate Synecphy How long

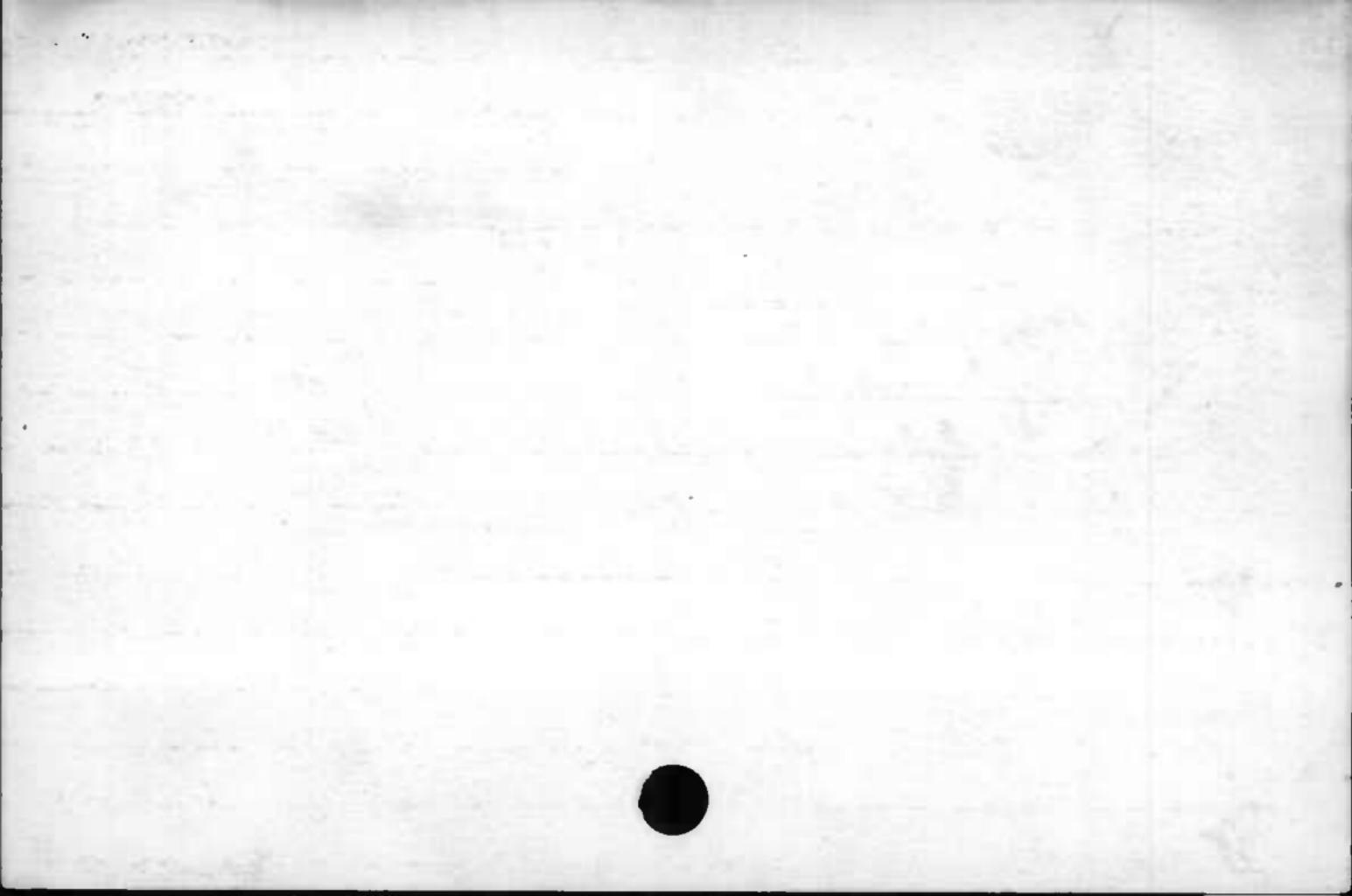
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. Wilson Dunnington  
Ewartstown Pa

Accident or Suicide?



Name  
in  
Full

John T. Muskimon

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Barred Grace	County Saford	MARYLAND		
Date of death 1906	Month Nov.	Day 4	Years Age 55	Months -	Days -
Sex Male	Color or Race White	Birth- place Balto.			
Occupation Labor	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Mary E. Heidler				
Father's Name Philip Muskimon	Father's Birthplace Balto.				
Mother's Maiden Name Maria Belingot	Mother's Birthplace -				
Name of person giving Information Mary C. Muskimon	How related to deceased Wife				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Incurmonee	(93)	How long 5 days
Immediate Heart failure	(94)	How long 24 hrs
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician R.W. Smith	
	Address Home of Deceased	
Accident or Suicide?		

Ot  
Allison

Name  
in  
Full

Laura Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Bel Air	Newfordin		
Date of death	Month	Year	Months Days
Nov 14 1908	Nov	14	Age advanced age dates not known, accidentally.
Sex	Color or Race	Birth-place	
Female	White	Baltimore	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	at place of death	
Single	—		
Father's Name	Father's Birthplace		
Alexander Mitchell	Yosttown Va.		
Mother's Maiden Name	Mother's Birthplace		
Elizabeth Torrance	Baltimore, Md		
Name of person giving information	How related to deceased		
Nichl. Salford	nephew-		

CAUSES OF DEATH

Primary

Pneumonia

93

How long

ten days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

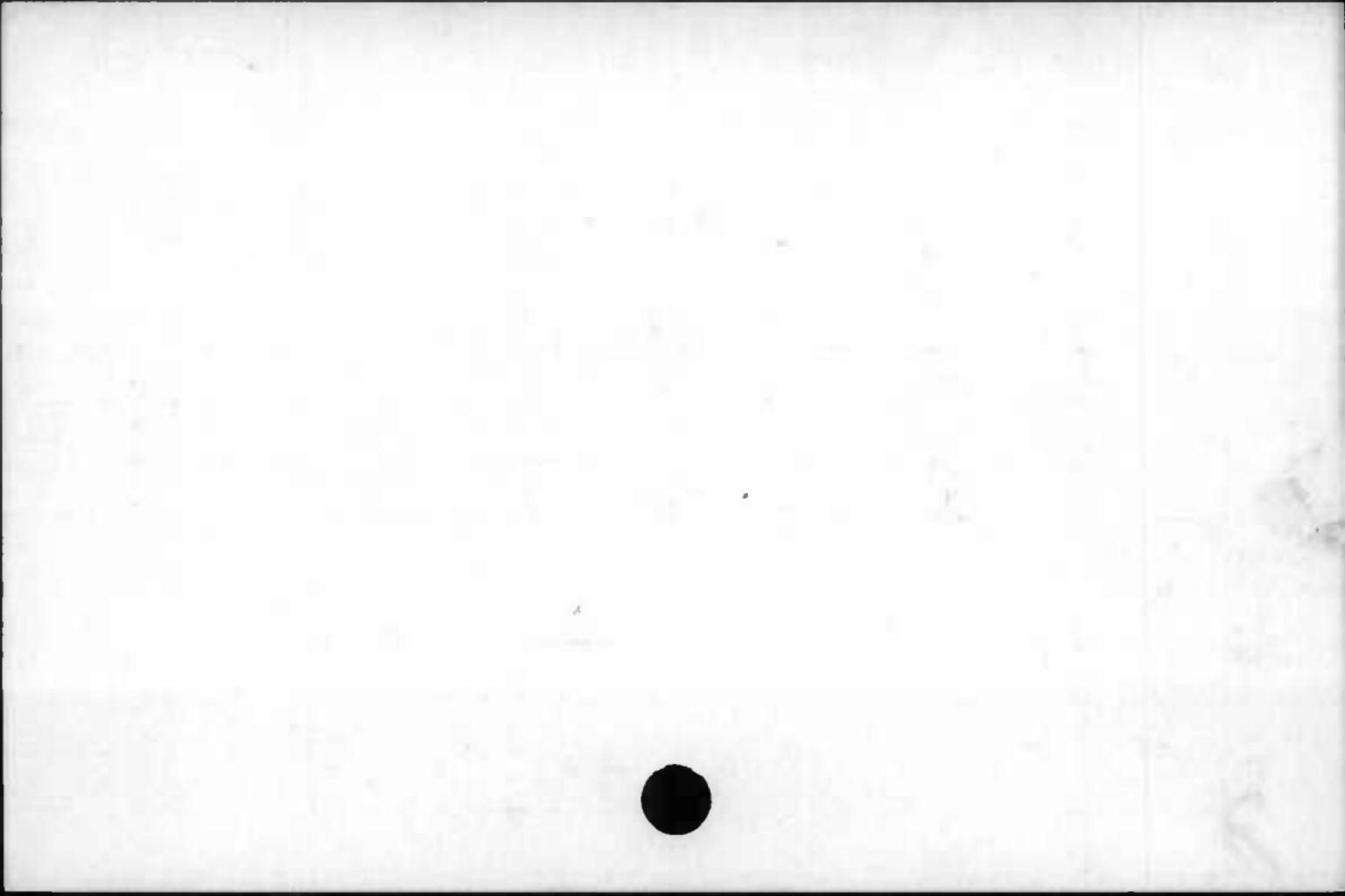
Address

William V. Archer  
Bel Air Md

PHYSICIAN  
OR CORONER

on 85 years of age

Accident or Suicide?



Name  
in  
Full

Asenath Ann Reed

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Female	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Josephus Reed	
Father's Name	John Denbow	Father's Birthplace	Harford Co
Mother's Maiden Name	Elizabeth Street	Mother's Birthplace	Harford Co
Name of person giving information	Andrew Reed	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

old age

154

How long

long

Immediate

independent

154

How long

long

Are the name, age, sex, color, date and place correctly given above?

Y.P.

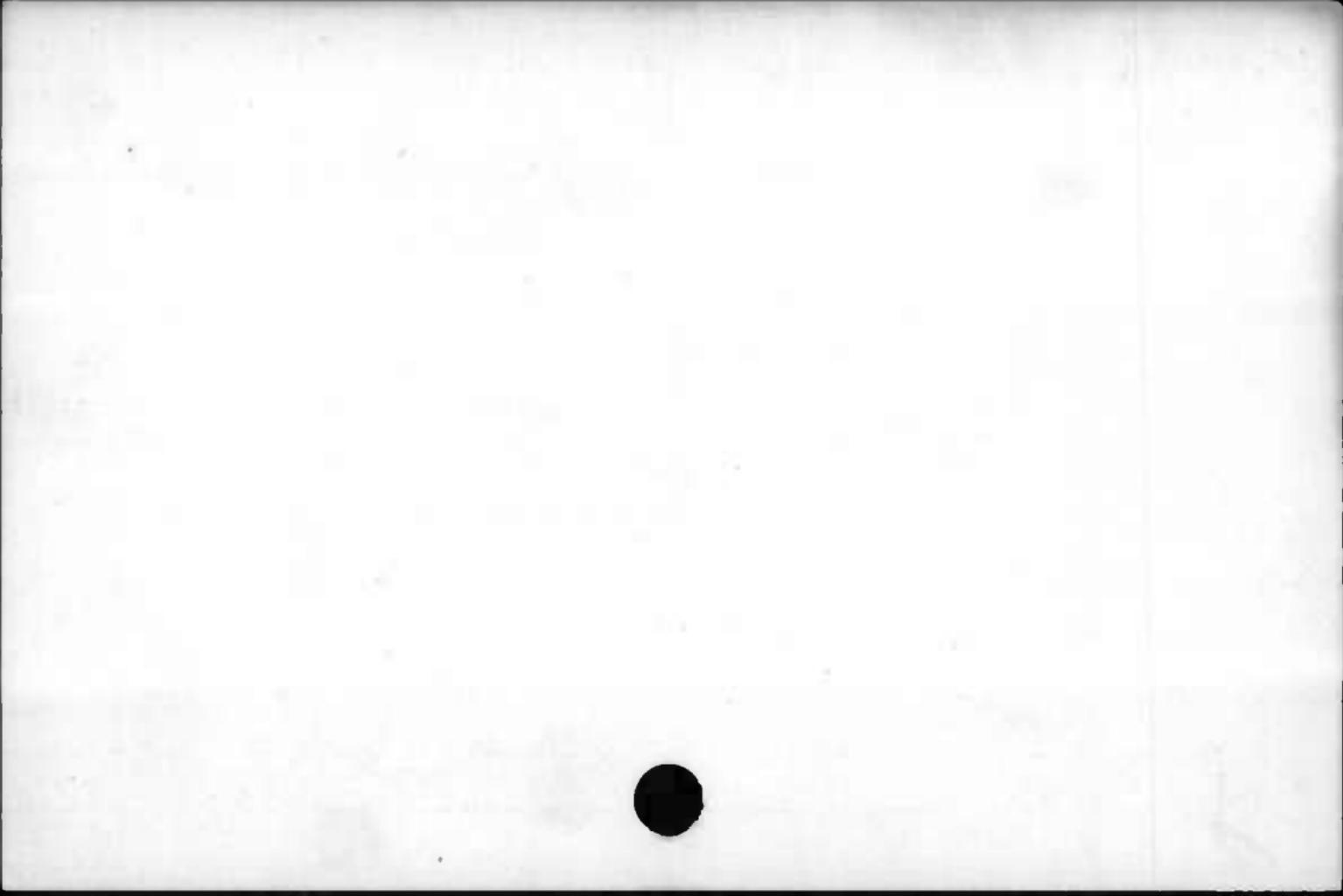
Signature of Physician

Address

D. West Anthony  
Cardiff M.D.



Accident or Suicide?



Name in Full

Certificate of Death

noble Reed

Town

Perryman

County

Harford

MARYLAND

Died at

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Age 23

~~F~~

Colored

Single

~~M~~~~S~~

Number of children living

~~Wife~~  
~~of~~Father's  
Name

Isaac Reed

Mother's  
Maiden Name

Milieah Gibson

Cause of

Primary

How long sick

Death

Immediate

Rail Road

(66)

Accident, Suicide, Homicide

Reported by

Altstom Accident

Address

Michaelson MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Jane R. Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906 Nov	25		51	8	7
Sex	Female	Color or Race	Negro	Birth-place	
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Moses Rice		
Father's Name	Benjamin Willis			Father's Birthplace	Maryland
Mother's Maiden Name	Jane Willis			Mother's Birthplace	"
Name of person giving Information	Preston Rice			How related to deceased	Son

CAUSES OF DEATH

Primary

Acute Diphtheritis

119

How long

3 weeks

Immediate

Tremia

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

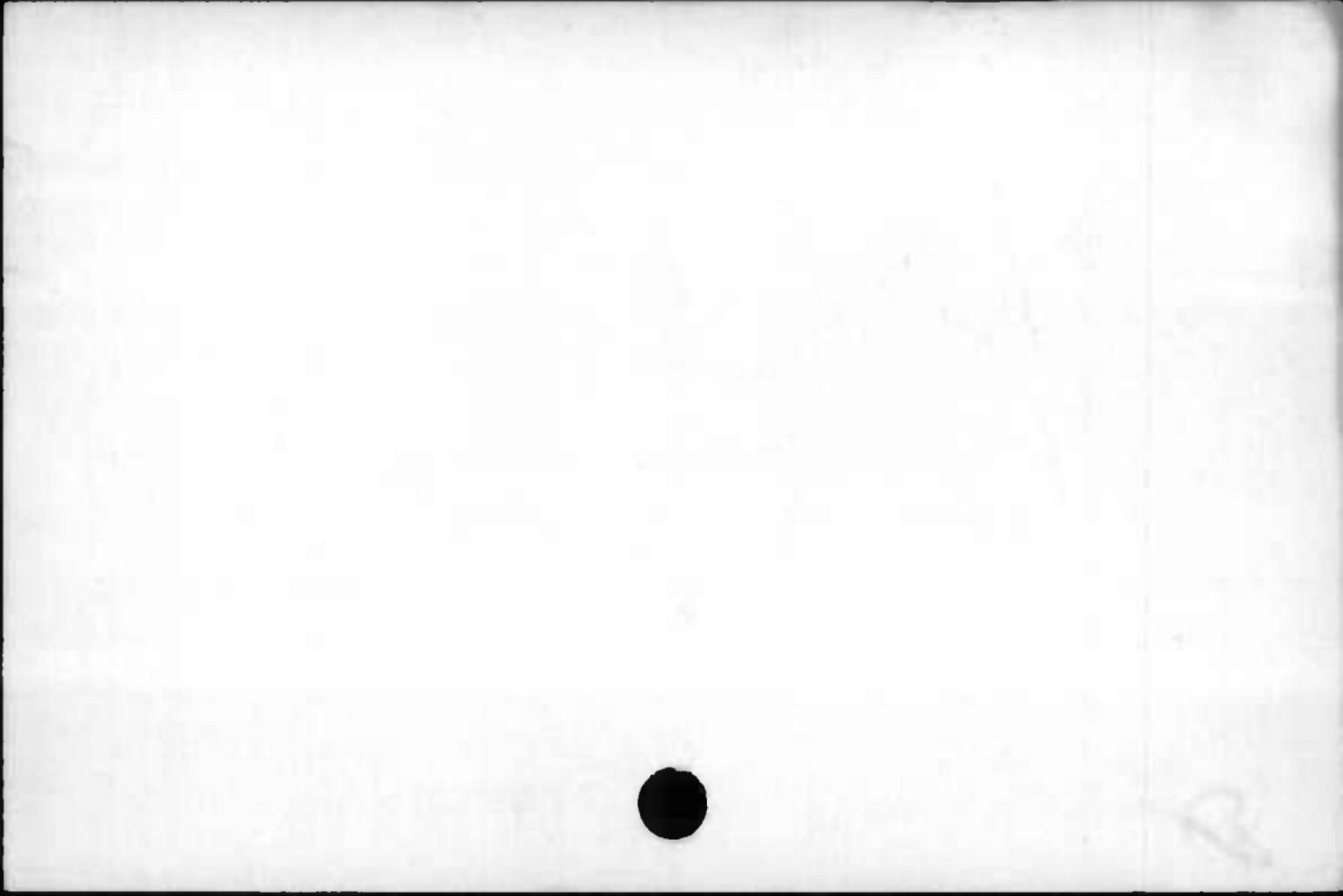
H. F. Bradley

Address

Gardettsville Md

J

Accident or Suicide?



Name  
in  
Full

Frederick Schull 11/2/31

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Year
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Unknown	
Father's Name	Dont Know		
Mother's Maiden Name	Dont Know		
Name of person giving Information	Purcell S. Sappington		

## CAUSES OF DEATH

(179)

PHYSICIAN  
OR CORONERPrimary  
fail to have had asthma

How long

Immediate  
Natural Causes.

How long

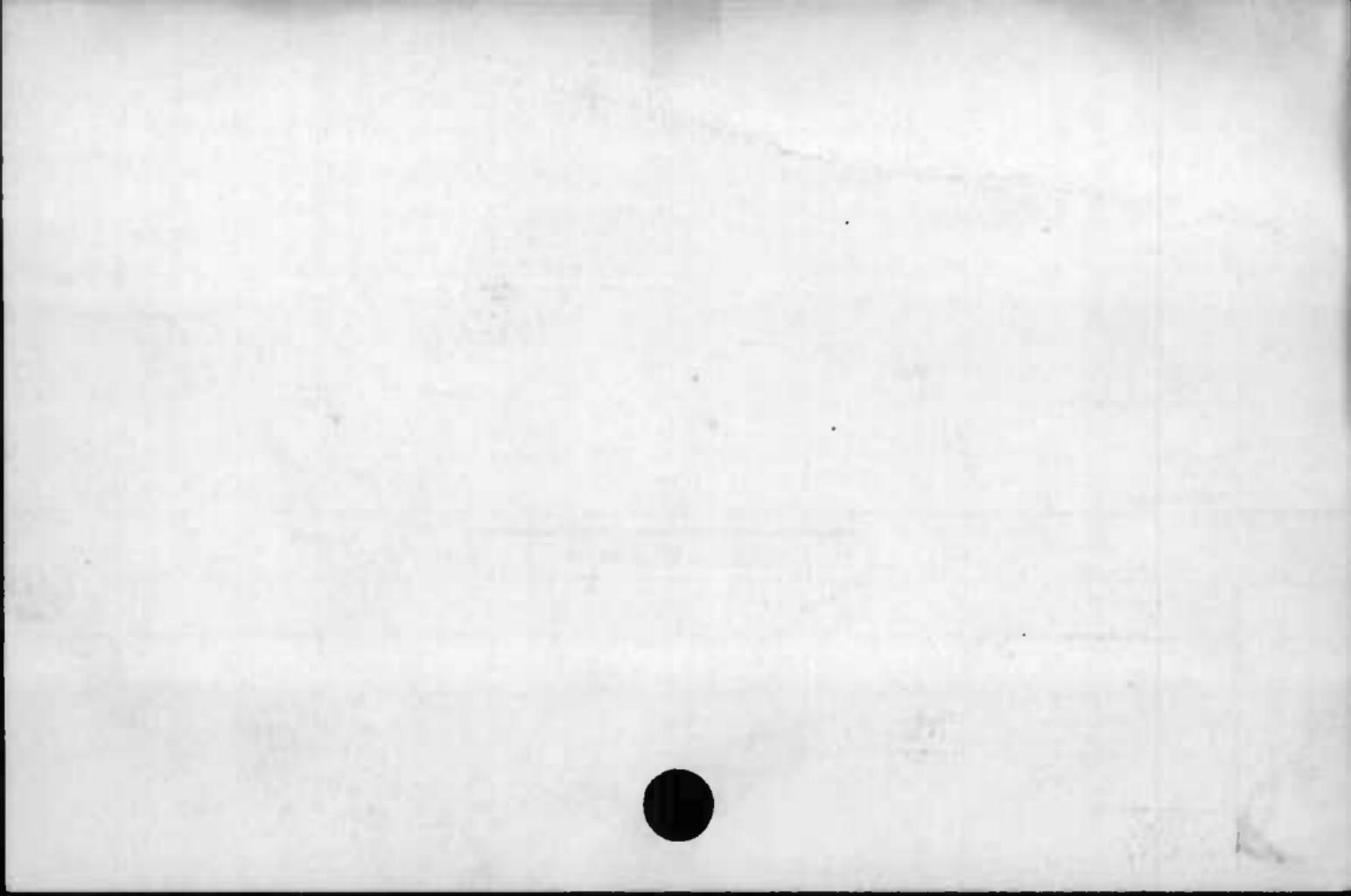
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Purcell S. Sappington  
Bel Air.

Accident or Suicide?



Name  
in  
Full

amanda L Shears

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month Nov	Day 15	Age 78	Years	Months — Days —
Sex Female	Color or Race	white	Birth- place	Harford co	
Occupation	Where Residing if not at place of death Spangler				
Married, Single or Widowed	Name of Wife or Husband	Benjamin Shears			
Father's Name	Geo Moore				
Mother's Maiden Name	Sarah Roads				
Name of person giving Information	Mrs Geo Shears				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gen. Debility 54

How long

3 weeks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J.W. O'Dell  
1331 Main

Accident or Suicide?



Name  
in  
Full

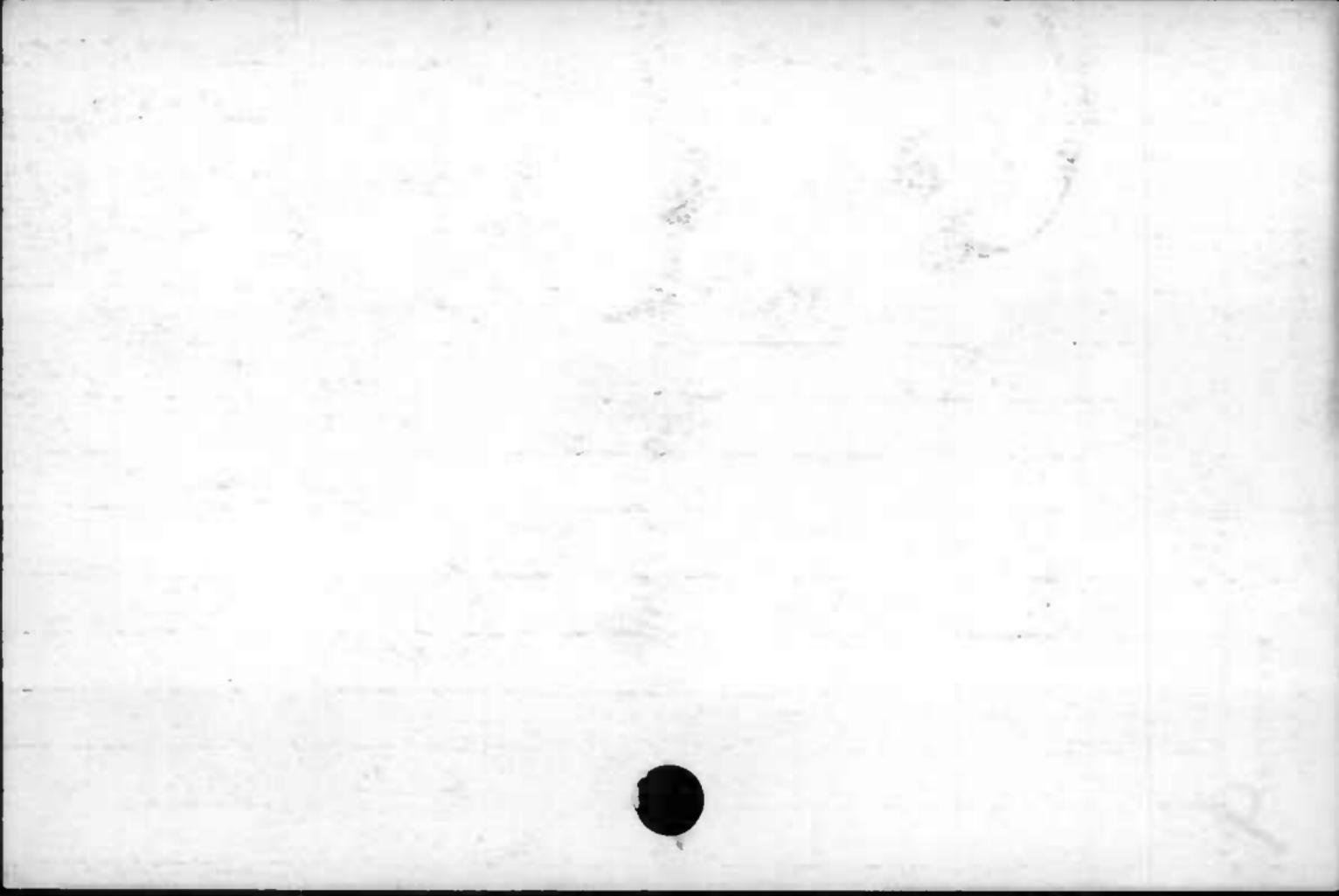
TO BE ANSWERED BY  
NEAREST FRIEND

John Taylor					CERTIFICATE OF DEATH		
Died at	Town	Harford County			MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
1906	Nov.	10	83		2	24	
Sex	Male	Color or Race	White				
Occupation	Farmer						Where Residing if not at place of death At home
Married, Single or Widowed	Widower	Name of Wife or Husband	Cathern D. Basel Taylor				
Father's Name	Corbie Taylor						Father's Birthplace
Mother's Maiden Name	Cathern Basel						Mother's Birthplace
Name of person giving information	Mary Taylor						How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Pneumonia (93)		How long 13 hrs.
Immediate	Heart failure		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Milton Dussnick	Address Stewartstown, Pa.
g			
Accident or Suicide?			



Name  
in  
Full

James Lerner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Anadona	Hartforce			
Date of death	Month	Day	Years	Months	Days
1906	Nov	30	74	7	
Sex	Male	Color or Race	White	Birth-place	Anadona
Occupation	Farmer	Where Residing if not at place of death	"		
Married, Single or Widowed	Married	Name of Wife or Husband	Wollie Whiteforce		
Father's Name	John Lerner	Father's Birthplace	Anadona		
Mother's Maiden Name	Nellie Beary	Mother's Birthplace			
Name of person giving Information	Samuel Lerner	How related to deceased	Bro		

CAUSES OF DEATH

Primary	Apoplegy	61	How long	24 hours
Immediate	"		How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

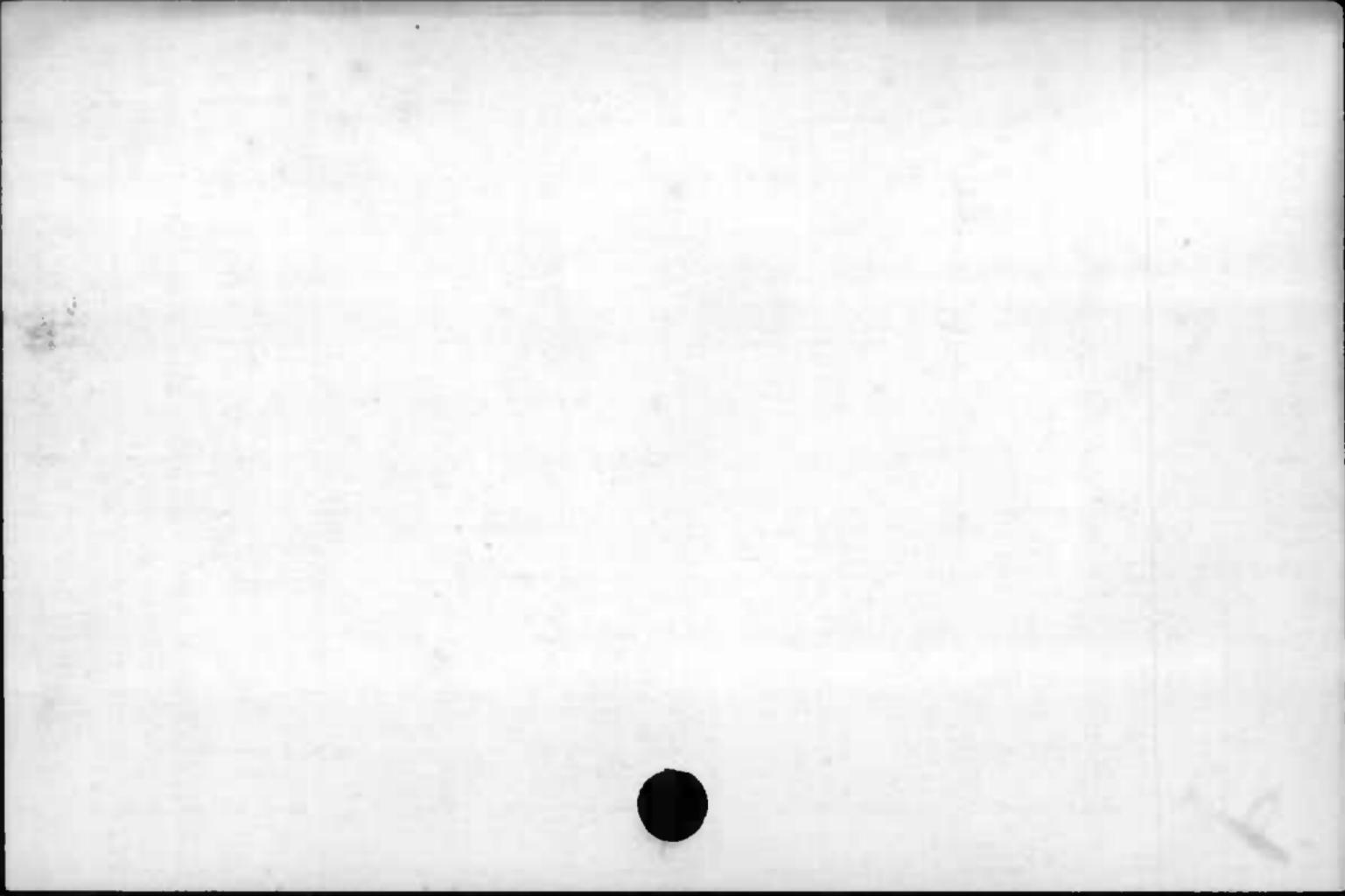
Yes

Signature of Physician

Address

J J Lerner  
White Oak  
Maryland

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

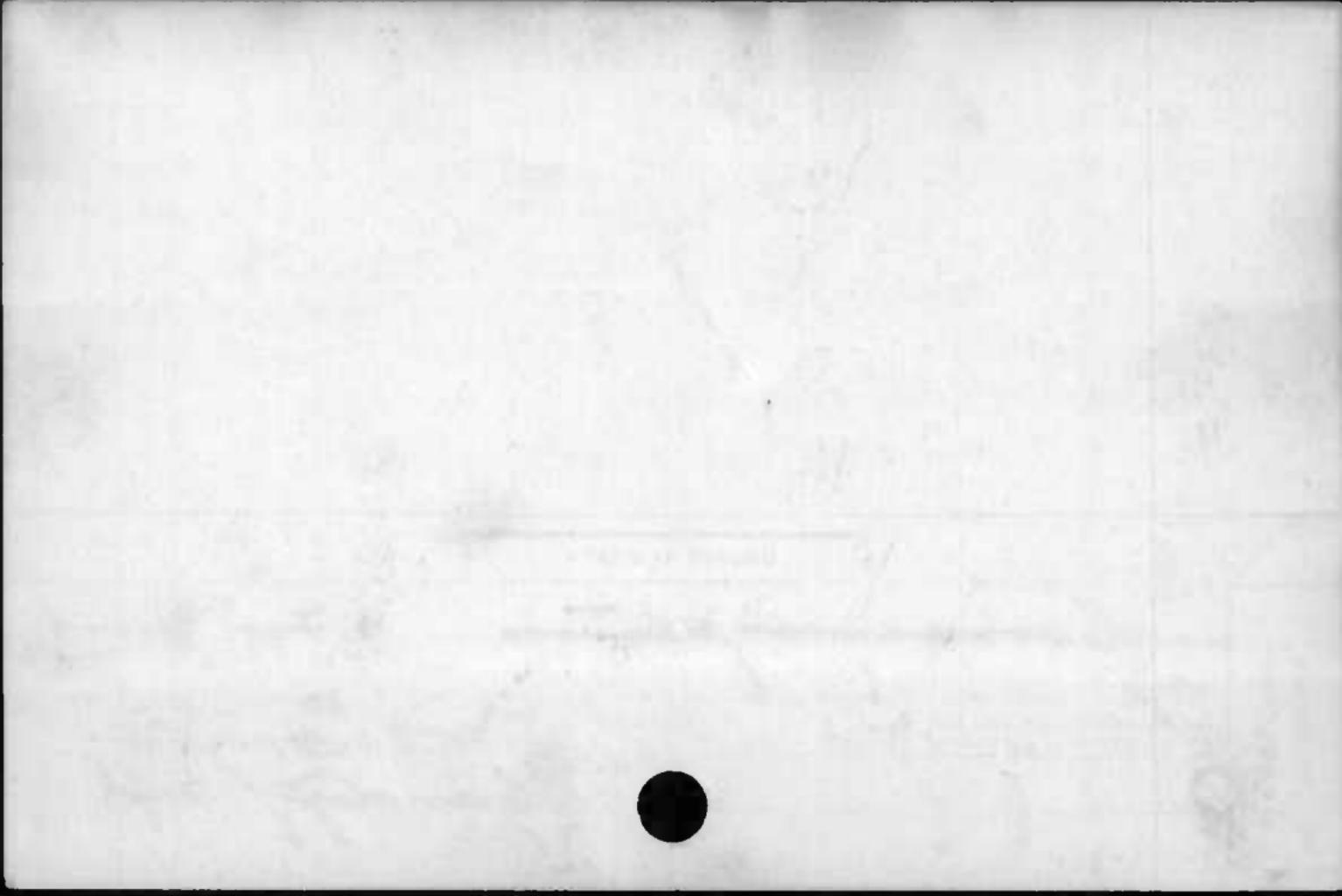
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Harry White		Town Darlington	County Harford	MARYLAND		
Died at		Month 11 <sup>th</sup>	Day 3	Years	Months 2	Days 5
Date of death	1906	Age		Birth- place	Md	
Sex	male	Color or Race	white			
Occupation	Child	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Geo White	Father's Birthplace				
Mother's Maiden Name	Maryast Russell	Mother's Birthplace				
Name of person giving Information	Geo White	How related to deceased				

## CAUSES OF DEATH

Primary	Primalin Tonic	(15)	How long	—	
Immediate	Exhaustion		How long	3 months	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W B Clark M.D.	
			Address	Darlington Maryland	
Accident or Suicide?		2			



Name  
in  
Full

Richard J. Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Ludwig	Town	Harford	County	Md.	MARYLAND
Date of death	1906 Nov	Month	23	Day	Age	53
Sex	Male	Color or Race	White	Birth-place	Harford Md.	
Occupation	Quarry Man	Where Residing if not at place of death			- -	
Married, Single or Widowed		Name of wife or Husband				
Father's Name	James Williams				Father's Birthplace	Wales
Mother's Maiden Name	Mary Lloyd Jones				Mother's Birthplace	" " "
Name of person giving information	James Williams				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption (2) 2nd gland

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

✓ ✓

Signature of Physician

Address

D.W.E. - Williams  
Bardiff mid

Accident or Suicide?



Name  
in  
Full

Bertie A Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1906	Month Nov.	Day 26	Years 23 Months - Days -
Sex Female	Color or Race White	Birth-place Hayford Co,	
Occupation House wife	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Walter Wilson	Father's Birthplace -	
Father's Name Louis Crane	Mother's Birthplace -		
Mother's Maiden Name -	How related to deceased Husband	Husband	
Name of person giving information Walter Wilson			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Carcinoma	(X5)	How long Two mos-
Immediate	Progressive Cardiac Arresting	Short	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician L. G. Taylor	
		Address Perryville	
Accident or Suicide?			Ind.

